



BENEFITS	OptiMed Med-Choice Plus Plan	OptiMed Value Care Plan	OptiMed Value Care Plus Plan	OptiMed Preferred Care Plus Plan	OptiMed Select Care Plan	OptiMed Premier Care Plan
Overall Per Person Calendar Year Maximum	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Physician Office Visits	\$40 Per Visit	\$50 Per Visit	\$60 Per Visit	\$70 Per Visit	\$75 Per Visit	\$75 Per Visit
General Office Visits - 6 Visit Calendar Year Maximum Per Person	\$240 Max Per Person Per Calendar Year	\$300 Max Per Person Per Calendar Year	\$360 Max Per Person Per Calendar Year	\$420 Max Per Person Per Calendar Year	\$450 Max Per Person Per Calendar Year	\$450 Max Per Person Per Calendar Year
Emergency Room - Sickness - Included in Office Visit Maximum	\$40 Per Visit	\$50 Per Visit	\$60 Per Visit	\$70 Per Visit	\$75 Per Visit	\$75 Per Visit
Wellness Benefit \$150 Calendar Year Maximum Per Person	\$50 Per Visit	\$50 Per Visit	\$50 Per Visit	\$50 Per Visit	\$75 Per Visit	\$150 Per Visit
Outpatient X-Ray and Lab - \$ Calendar Year Maximum	PPO Discounts Apply *	\$20 Per Day \$300 Max Per Person Per Calendar Year	\$30 Per Day \$300 Max Per Person Per Calendar Year	\$40 Per Day \$300 Max Per Person Per Calendar Year	\$40 Per Day \$300 Max Per Person Per Calendar Year	\$60 Per Day \$300 Max Per Person Per Calendar Year
Emergency Room - Accident For treatment in an emergency room if performed within 72 hours of the accident	\$300 Per Visit	\$500 Per Visit	\$500 Per Visit	\$1,000 Per Visit	\$1,000 Per Visit	\$1,000 Per Visit
Surgery and Anesthesia - Scheduled Benefit Indemnity						
Inpatient - Calendar Year Maximum Per Person				\$1,000 Calendar Year Max	\$2,000 Calendar Year Max	\$3,000 Calendar Year Max
Outpatient - Calendar Year Maximum Per Person	PPO Discounts Apply *	PPO Discounts Apply *	PPO Discounts Apply *	50% of Inpatient	50% of Inpatient	50% of Inpatient
Anesthesiology				20% of Surgical Benefit	20% of Surgical Benefit	20% of Surgical Benefit
Hospital Confinement Indemnity for Bodily Sickness & Injuries Requires 24 hours stay - Payable from first day of confinement	\$100 Per Day	\$200 Per Day	\$500 Per Day	\$500 Per Day	\$800 Per Day	\$1,000 Per Day
Intensive Care Confinement Indemnity Paid in addition to Daily Hospital Confinement Benefit 30 Day Calendar Year Maximum Per Person	\$100 Per Day	\$200 Per Day	\$500 Per Day	\$500 Per Day	\$800 Per Day	\$1,000 Per Day
Hospital Confinement Benefit for Mental & Nervous and Substance Abuse						
Mental & Nervous (\$5,000 Calendar Year Maximum/\$30,000 Lifetime Maximum Per Person)	\$100 Per Day	\$200 Per Day	\$500 Per Day	\$500 Per Day	\$800 Per Day	\$1,000 Per Day
Substance Abuse (Requires 24 hour stay)	\$100 Per Day	\$200 Per Day	\$500 Per Day	\$500 Per Day	\$800 Per Day	\$1,000 Per Day
Confinement Benefit for Skilled Nursing	\$50 Per Day	\$100 Per Day	\$250 Per Day	\$250 Per Day	\$400 Per Day	\$500 Per Day
Life/AD&D - \$5,000 (Employee Only)	Included	Included	Included	Included	Included	Included
Outpatient Prescription Drug Benefit Member pays 100% of discounted price for drugs not covered under the formulary. Annual Maximums : \$2,500 Employee \$4,000 Employee + 1 \$5,000 Employee + Family	Prescription Drug Discount Card*	\$10 Generic Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)
Additional Included OptiMed Programs - Not insurance benefits						
Advanced Earned Income Tax Credit	Included	Included	Included	Included	Included	Included
Catastrophic Care Assistance Services	Included	Included	Included	Included	Included	Included
National PPO Network*	Included	Included	Included	Included	Included	Included
National Dental & Vision Network	Included	Included	Included	Included	Included	Included
National Lab Program	Included	Included	Included	Included	Included	Included
Free Cobra Administration	Included	Included	Included	Included	Included	Included
24 Hour Nurse Line	Included	Included	Included	Included	Included	Included
Free Section 125 - Premium Only Plans (POP)	Included	Included	Included	Included	Included	Included

This is only a brief summary benefit description and not a complete description of benefits, and or limitations. Each benefit has benefit limits and maximums. Please see brochure and SPD for complete benefit descriptions. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Underwritten by Fidelity Security Life Insurance Company. Policy Form Nos. M-6004/M-6005/M-9031/M-9022.

Coverage will continue as long as the premiums are paid, the master policy remains in effect, the employee remains eligible for coverage and remains employed by the Policyholder. Riders terminate concurrently with the Policy and Certificate to which they are attached.

Disclosures:

Certain states require a minimum of 51+ eligible employees. Before any presentation of a proposal, please check with your OptiMed sales representative to be certain that the program being proposed is appropriate for the state intended. This is not an offer of sale. No offering of this material should be given without the expressed approval of OptiMed, and any offering will be based upon state availability, underwriting guidelines, agent guide, and minimum group size and participation requirements being met. The OptiMed program is not available in all states, including Washington. Please check with your OptiMed Group Sales Representative to confirm that OptiMed is available in the state or states in which you may have an interest in offering OptiMed.

*The OptiMed Plan is a limited medical indemnity plan which is packaged with certain non-insured benefits, including PPO discounts.